

Thank you for your interest in participating in the YouthBuild Savannah Program! Below is some information that will help you learn more about the program and the application process.

Program Overview

The YouthBuild Savannah Program is a comprehensive youth and community development program which promotes affordable housing. Eligible young men and women, ages 16 – 24 years old will spend nine (9) months participating in activities such as: GED Instruction, Construction Training, Leadership Training, Community Involvement and Counseling Services.

Participants will use their construction trade skills to improve their community by building affordable housing for low-income families. Each trainee will receive above minimum wage for their work on the construction site with the possibility of wage increases and bonuses, based on work performance.

Upon completion of the program, graduates will receive assistance with job placement and/or identifying advanced training/educational opportunities.

Application Process

There are three (3) steps to the YouthBuild Savannah Program application process, all of which **MUST** be completed to be considered:

<u>Step 1</u> – Detach and complete the attached YouthBuild Savannah Program application and return to:

YouthBuild Savannah Program

Office Location: 2203 Abercorn & 38th Street Savannah, GA 31401 (912) 651-2166

All applications must be returned by 5:00pm on Friday, November 15^h, 2013!!!!!!!!! *Please keep the attached YouthBuild Savannah Checklist and obtain all stated items by orientation.

<u>Step 2</u> – Complete an educational assessment. Upon the completion and return of your application, you will be given a TABE assessment to help the staff determine how best to assist you in attaining your GED. It will take approximately 90 minutes to complete, so please make appropriate arrangements. This is a **VERY** important part of the application process, so **DO YOUR BEST**!

<u>Step 3</u>-- Complete the YouthBuild Savannah Program Mental Toughness process. YouthBuild Savannah staff will review and consider ONLY those applications submitted by the application deadline. Staff will ONLY invite to Mental Toughness those applicants who are eligible, complete the application thoroughly, score the required minimum TABE average and will potentially benefit from this intensive nine (9) month program. Because slots are limited, a YouthBuild Savannah Waiting List will be maintained to select from as necessary.

Mental Toughness

Mental Toughness is a very structured two to three (2-3) week observation period where potential trainees are introduced to the *National YouthBuild Program Model* and the expectations prior to the start date. Mental Toughness also provides an opportunity for the staff to observe how well potential trainees adhere to program policies and procedures; this includes the applicant's completion of the **YB Eligibility Checklist** (see attachment). *Participants will not be paid for Mental Toughness!*

Interview Process

Your completed application, TABE assessment score and Mental Toughness participation will be reviewed by the YouthBuild Savannah staff. If you are potentially eligible to participate in the program, you will be scheduled for a brief interview conducted by the YouthBuild Savannah staff. This interview will help us learn more about you. At the completion of interview, only **some** Mental Toughness participants will be selected as 2014 YouthBuild Savannah Trainees.

GOOD LUCK!



Pate:		For YouthBuild Savannah Staff Only			
		Date Received:			
		Staff Initials:			
Thank you for your interest in the YouthBui	ld Savannah Program!	Please complete the following question			
	General Information				
lame:					
ddress:	City:	Zip:			
Phone:Cell:					
arent's/Guardian's Name:					
Address	Relationship	Phone			
Social Security #:	Date •	of Birth:			
.ge: Gender: □ Male					
you are a <u>Male</u> and <u>18 and older,</u> have you Race: □ African-American □ Hispanic	registered for U.S. Seld White-An Asian-An	nerican			
☐ Native-American	☐ Other				
heck the category(ies) that applies to you:					
☐ Foster Care☐ Offender					
☐ Individual with a Disability (Documented)					
☐ Child of an Incarcerated Parent					
☐ Migrant Youth					
Member of low-income fa	mily				
		not Linding Dugguege / Muses			
☐ Aging Out of Foster Care Around Services):					

. Do you have a valid Driver's/Operator's L	License: Li tes Li	INU			
Education					
3. Do you have a High School Diploma? If no, please complete the following					
1. Name of the last school attended:					
Name Cit	y/State				
Highest Grade completed:	Last y	ear in School:			
5. Have you passed all parts of the High S	chool Graduation Test?	□ Yes □ No			
If no, please indicate the parts you	need assistance in con	npleting:			
☐ Math ☐ Science ☐ Sc	ocial Studies	iting □ Languag	je Arts		
6. Do you have a GED? ☐ Yes ☐ N	No				
If no, have you taken and passed a	ny parts of the GED Exa	amination? □ Yes	□ No		
If yes, please indicate the parts tha	t you have <u>PASSED</u> :				
☐ Math ☐ Science ☐ So	cial Studies □ Rea	ding □ Writing			
8. Did you take technical, Industrial Arts or Shop classes in high school? ☐ Yes ☐ No If yes, please list:					
9. Do you plan or hope to attend vocationa If yes, please list program of interes					
	Household Information				
10. Number of People in Household	# of Adults	# of Children _			
11. Current Living Status: Living with family Living alone Living with friends Living in a homeless shelter	Yes	<u>No</u> □ □ □			
	D 0.046				

Current Living Status (Cont'd)	Yes		No		
Living in public housing					
Living in a group home					
Living in transitional house					
Living in a work/release facility					
Other (please specify):					_
12. Are you married? ☐ Yes ☐ No					
13. Do you have children? ☐ Yes ☐ N	٧o				
If yes, please list all children's nam	es and a	iges:			
Child's N	lame			Age	
14. Do your children live with you? ☐ Ye	s □ M	No			
			af 41a a f	a II a veries see	
15. Do <u>YOU</u> receive or is someone in your		old receiving, ar		ollowing:	
Food Stompo?	Yes_		_ <u>No</u>		
Food Stamps?					
TANF?					
Child Support?					
Social Security/ SSI?		•			
Other Source of Income or Public A	Issistand	ce?			
16. Please check the amount closest to yo	ur HOUS	SEHOLD'S yearl	ly income		
□ \$0 - \$15,000		\$30,001-\$35,000			
□ \$15,001-20,000		\$35,001-\$40,000			
□ \$20,001-\$25,000		\$40,001-\$45,000			
□ \$25,001-\$30,000 □		More than \$45,0			
	aınıng aı	nd Work History	/		
Training 17. Have you ever been enrolled in any oth	ner traini	ng nrogram (Jo	h Corns \	/outhChallenge	.\2 □ Yas □ N
If yes, complete the following inform		ng program (50	b Corps,	Touthonahenge	<i>j</i> : 🗆 163 🗀 N
in yes, complete the following inform	ation.			Did You Com	nlete the
Name/Location of Program		Dates		<u>Progran</u>	•
] No
				☐ Yes ☐] No
				☐ Yes ☐] No
40. Da van have an annual and a state of					
18. Do you have any previous construction	ı experie	ence? Yes	s □ No		
Were you paid? □ Yes □ No					

Work History/Experience			
19. Have you ever had a job?	□ Yes □ No		
If so, please complete t	he following <u>beginning with your most</u>	<u>recent</u> job:	
Name/Address of Company: _			
Dates you Worked:	to Full-time D	□ Part-time	
Rate of Pay: \$weekly/bi-weekly/monthly (circle one)			
Supervisor's Name:			
Reason for Leaving: _			
Name/Address of Company:			
Dates you Worked:	to Full-time D	□ Part-time	
	weekly/bi-weekly/monthly (circle one)		
Reason for Leaving: _			
	Additional Information		
0. Have you ever been <u>convi</u> □ Yes □ No	icted of a crime in the juvenile or adult	court system?	
f yes, please list your conviction	n(s) below:		
Dates	Conviction	Sentence	
	nding charges or have been charged o	of a crime in the juvenile or adult cour	
system? □ Yes □ I			
yes, please list your charge(s)	Charge	Outcome/Status of Case	
Dates	Onargo	Guttomio, Gtatao or Gado	
Dates			

*Note: The YouthBuild Savannah Program does not discriminate against persons with criminal history. Page 5 of 16

Supplemental Questions Please answer the question listed below: 24. What have you been doing since you last attended school? 25. Why do you want to be a part of the YouthBuild Savannah program? 26. What are your plans after receiving your GED? 27. What changes do you think you will have to make in order to complete the YouthBuild Savannah program? Are you ready to make those changes? How do you know? (Please explain thoroughly, use reverse side of this page—if needed.)

28. How did you hear about this program?	☐ Graduate Name:
☐ Friends/Neighbors	☐ Flyer
☐ Probation/Parole Officer	☐ TV/Radio
☐ Community Center	☐ Church
☐ City of Savannah's Website	☐ Informational Session presented by YouthBuild Savannah Staff☐ Other:
29. Have any of your relatives participated in the Your lf yes, please provide his/her name:	
Relationship:	
30. Have you ever attended Savannah Technical Co	llege in the past? ☐ Yes ☐ No
If yes, when? Na	me of the Program:
Tryos, when:	me of the Fregram.
Or have been advised not to return to the campu	s? □ Yes □ No
Applicant	's Signature
I,, attest that the Print Name	above information is true. I understand that
any false information listed on this application may resul	
Signature	Date
olgitatare	Butt
VouthPuild Co	
Toutiibuliu Sav	vannah Staff Only
Comments:	vannah Staff Only
	vannah Staff Only
	vannah Staff Only
	vannah Staff Only

YOUTHBUILD SAVANNAH PROGRAM Medical History Report

Name	Social Security
the past. This information will be used only to dete duties on the construction site. Please answer all of	cerning your health and physical condition, both now and in termine whether you can safely perform the construction the following questions as fully and completely as you can are of how to answer it, leave it blank and ask for assistance
	n given by me is true and to the best of my knowledge and tion given may result in the denial of my application. My questions on this medical history form.
Applicant's Signature:	Date:
A MEDICAL CONDITIONS DO NOT SKI	D. Chook and itam

A. MEDICAL CONDITIONS. DO NOT SKIP-- Check each item.

DO YOU HAVE OR HAVE YOU EVER HAD:	Yes	No	If you marked yes, and the condition has been present in the last five (5) years, please explain.
Persistent or severe headaches			•
Frequent nose bleeds			
Persistent or severe sinus conditions			
Persistent or severe dental condition			
Head injury			
Other head, nose, mouth or throat conditions:			
Hearing difficulties			
Use hearing aid			
Ringing in ears (tinnitus)			
Perforated ear drum			
Persistent or severe ear infection			
Other ear or hearing conditions:			
Glaucoma			
Cataract			
Eye irritations (itching or burning)			
Eye infection			
Lack of vision in either eye			
Color blindness			
Injury to eye			
Eye surgery			
Double vision			
Glasses			
Contact lenses			
Persistent or severe colds			
Persistent or severe cough			
Coughing blood			
Asthma or breathing difficulty			
Emphysema			
Pneumonia			
Tuberculosis			
Other lung or breathing conditions:			
Heart attack			
High, low blood pressure			
Heart murmur			
Palpitations or irregular heart beat			
Episodes of chest pains, tightness, discomfort			
Shortness of breath			
Swelling of ankles, feet, or legs (edema)			
Leg pains, cramps			

DO YOU HAVE OR HAVE YOU EVER HAD:	Yes	No	If you marked yes, and the condition has been present in the last five (5) years, please explain.
Other cardiac conditions:			
Persistent or severe stomach pain			
Persistent or severe nausea or indigestion			
Vomiting blood			
Persistent or severe vomiting			
Hernia (rupture)			
Stomach or duodenal ulcer			
Other conditions of stomach or intestines:			
Gallstones			
Kidney stones			
Prostate condition			
Pregnant at present (females only)			
Epilepsy, convulsions, seizures Periods of blackouts/loss of consciousness			
Fainting spells			
Dizzy spells (vertigo)			
Memory difficulty			
Tremor of the hands or head			
Paralysis of any type			
Stroke			
Severe numbness, tingling or weakness			
Dyslexia/learning difficulty			
Other conditions of nervous system:			
Arthritis			
Bursitis/ tendonitis			
Swollen or painful joints			
Dislocations			
Painful or "trick" shoulder			
Elbow problems			
Wrist or hand problems			
Back pain			
Back surgery			
Wear brace or back support			
'Trick' or lock knee			
Knee surgery			
Foot problems Broken or fractured bone			
Persistent or severe muscle aches or pains			
Other musculoskeletal conditions:			
Diabetes			
Thyroid condition or disease			
Hypoglycemia			
Other conditions of endocrine system:			
Hives			
Frequent boils/abscesses			
Sores that do not heal			
Anemia			
Bleeding disorder			
Sickle cell disease or trait			
Lymph node or glandular swelling that did not go away			
Other conditions of blood or lymph:			
Mental problems requiring hospitalization			
Suicidal/attempted suicide			
Active psychoses			
Drug, narcotic or alcohol problem			
Persistent or severe depression/worry			
Other psychological conditions:			

DO YOU HAVE OR HAVE YOU EVER HAD:	Yes	No	If you marked yes, and the condition has been present in the last five (5) years, please explain.
Allergies caused by:			\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Food			
Medication			
Pollen			
Insect scales/bites			
Sensitivity to chemicals, dust, sunlight, etc.			
Used illegal substances/ Use tobacco Tire easily			
Inability to perform certain motions			
Inability to assume certain positions			
Have you ever had any illness or injury other			
than those already noted?			
B. CURRENT MEDICATIONS (Please list all medications you are cueffects they may cause.) Name of Medication	ırrentl		ng, also list how often you take them, and any side quency Side Effects
1			
2	_		
3.	_		
Δ	_		
4			
5			
C. SURGICAL HISTORY			
Have you ever had surgery?	Y	es es	No
TYPE OF SURGERY 1			DATE (Mo/Yr)
Have you been advised to have any o If "Yes", please list the operation(s).	peratio	ons?	
D. HOSPITALIZATION HISTOR Have you ever been hospitalized? If "Yes", complete the following info	Y	_Ye	s No
REASON FOR HOSPITALIZAION			DATE (Mo/Yr)
1			<u> </u>
2			
3			

YOUTHBUILD SAVANNAH PROGRAM PARTICIPANT MEDICAL EMERGENCY CONTACT INFORMATION

The following information is to be completed and used by YouthBuild Savannah staff as a reference in the event of an emergency.

Participant Information:		
Name:		SSN:
Street Address:		
City:	State:	Zip:
Phone Numbers:		
Telephone: Medical Information:	Cell:	Alternate Phone:
Currently taking any form of	prescription or non-prescription medic	ation: Yes No
Currently have any physical	conditions which may require treatment	t: Yes No
Medications:		
Conditions:		_
Primary		
Name:	Re	elationship:
Street Address:		
City:	State: _	Zip:
Phone Numbers: Telephone:	Cell:	Alternate Phone:
Secondary		
Name:	Re	elationship:
Street Address:		
City:	State: _	Zip:
Phone Numbers: Telephone:	Cell:	Alternate Phone:



Release of Grades/ Transcripts

or

shall include any verbal and This release authorizes a fi most complete and thoroug records for any other person	, authorize your institudance records requested by the YouthBu written communication from your institute exchange of information between such services available. It does not author that the individual listed above. Unless of three years from date of my signature.	ution. upport systems in order to give the orize the release of information or s otherwise stated, this release shall
	Testing Release Form	
	, give the YouthBuil Test of Adult Basic Education (TABE to any training agency that will be	
	nrticipant's Signature	 Date
r a	nucipant s Signature	Date
Guardian's	Signature (If under 18 years old)	Date
Youthl	Build Savannah Program Staff	 Date



Publicity / Media Release Form

I,	se items may be shared with other rea Workforce Board members and
Participant's Signature	Date
Guardian's Signature (If under 18 years old)	Date
YouthBuild Savannah Program Staff	. Date



Release of Information Form

I,	formation on me that may assist future stability and success. This
This consent includes, but is not limited to, educational history results}, employment history {verification of employment, income benefits, with information used only for statistical follow-up purp cumulative statistics}, criminal background history, and all info county, state, or federal assistance/ benefits received. This also in with the information limited to what could be legally requested with	e statements, wages, and fringe poses and not released except as ormation related to any public, acludes the sharing of a resume,
This release authorizes a free exchange of information between supplementary complete and thorough services available. It does not authorized and thorough services available. It does not authorized for any other person that the individual listed above. Unless of remain in effect for a period of three years from date of my signature.	ize the release of information or
Participant's Signature	Date
Guardian's Signature (If under 18 years old)	Date
YouthBuild Savannah Program Staff	Date



Parent/Guardian and Youth Participant Permission Form

I,	, grant permission to the YouthBuil	d Savannah Program and its
partners to assist my child,vocational skills.	, with furthe	ring his/ her academic and
	be required to take basic written and oral class or workforce training job placement.	exams, physical exams, or drug
including, but not limited to: goal	this program, my child may be involved in setting, leadership / motivation, workforder pressure, substance abuse, and sexual he	rce readiness, career planning,
I understand that some YouthBuild weekend participation and I will be not	Savannah Program activities/ events may otified of the event in advance.	involve late afternoon and/ or
I understand that occasionally my child will be notified of the event in advance	I may require assistance with transportation c.	to planned activities /events and I
I understand the YouthBuild Savannah previous training programs, academ	Program may request my child's educational ic institutions, and employers.	al and employment history from
I understand the YouthBuild Savannah	Program will request a copy of my child's cr	iminal background history.
copies} from me in order to properly valid Driver's License or Identific	ah Program may request important official deserve my child. Those documents include, but eation Card; a copy of my 2011 Tax Rement; and Income Verification (6 months program).	t are not limited to: a copy of my turns for financial aid at Post-
I understand I can contact the YouthB any questions concerning his/ her programmer programmer.	uild Savannah Program Staff at any time, bot ress or the program.	h during and after enrollment with
Participal	nt's Signature	Date
Guardian's Signatu	ure (If under 18 years old)	Date
YouthBuild Sa	avannah Program Staff	Date

YouthBuild Savannah Program Eligibility Checklist

Dear Prospective Trainee:

The information listed below is needed ON or BEFORE DECEMBER 6TH, 2013 to determine eligibility for the YouthBuild Program:

COPY OF PARTICIPANT'S VALID DRIVERS LICENSE or GA IDENTIFICATION CARD
COPY OF PARENT'S OR GUARDIAN'S VALID DRIVERS LICENSE <u>or</u> GA IDENTIFICATION CARD (*if under 18 years of age)
COPY OF PARENT'S OR GUARDIAN'S 2012 TAX RETURN
COPY OF PARTICIPANT'S SOCIAL SECURITY CARD
WITHDRAWAL LETTER FROM LAST SCHOOL ATTENDED
INCOME VERIFICATION (Copies of the <u>last six (6) months</u> check stubs to include Parent(s), participants and other household members (<u>July through December 2013</u>), <u>OR</u> Proof of Public Assistance <u>OR</u> Social Security/Disability Benefits.
LIBRARY CARD (Chatham County)
PROOF OF U.S. SELECTIVE SERVICES REGISTRATION
RELEASE OF INFORMATION FOR TRAINEES (If you are under the age of 18 years old, this document will require your Parent's or Guardian's Signature)
GA VOTER'S REGISTRATION CARD or STATEMENT OF EXCLUSION FOR TRAINEES (18 yrs. and OLDER), if applicable.

Throughout Mental Toughness and the program cycle participants will be asked to attend special events and professional dress attire will be <u>required</u>.

Note: When chosen to participate in the YouthBuild Savannah Program, each participant will be responsible for purchasing the items listed below. Should you have any questions, please see or contact a member of staff.

Males Dress Attire

Males must have dark pants, white dress shirts, tie, and dark shoes.

Females Dress Attire

Females must have a pants suit, knee-length skirt or dress with flesh tone stockings and dark enclosed shoes.

REMOVE THIS SHEET TO OBTAIN THE NECESSARY ITEMS AND DOCUMENTS LISTED ABOVE!!!